

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 17, 2007 08:00 AM
Secretary of State**

DOCUMENT # N99000005373 1. Entity Name SILK AND SABLE MOUNTED DRILL TEAM INC.	
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Principal Place of Business 13005 M & J ROAD MYAKKA CITY, FL 34251	Mailing Address 13005 M & J ROAD MYAKKA CITY, FL 34251
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01102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
46-7133948

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROOKER, MARK
13005 M & J ROAD
MYAKKA CITY, FL 34251**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when nominating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKER, MARK 13005 M & J ROAD MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAMS, JEANETTE 16021 WINBURN DR. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MELODEE 16021 WINBURN DR. SARASOTA, FL 34240
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01/17/07-80095-017 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Brooker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-07 *941-376-3065*
Date Daytime Phone #